

Registration District No. 318

Primary Registration District No. 1008

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 6 weeks
(Specify whether
In this community..... 0
years, months or days)

3. (a) PRINT FULL NAME

Phillip J. Fisher

3. (b) If veteran,

name war..... no

3. (c) Social Security No.

4. Sex..... male 5. Color or race..... white
6. (b) Name of husband or wife..... Hilda Fisher
7. Birth date of deceased..... March 24 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 17 ..hr. ..min.

9. Birthplace..... Charleston Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Head Machinist
General Electric C9

11. Industry or business..... not known

12. Name..... not known

13. Birthplace..... not known
(City, town, or county) (State or foreign country)

14. Maiden name..... not known

15. Birthplace..... not known
(City, town, or county) (State or foreign country)

16. (a) Informant..... Arthur K. Fisher

(b) Address..... 8925 Mayfield Ct. Jennings

17. (a) burial (b) Date thereof..... Sept 13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Laurel Hill Gardens

18. (a) Signature of funeral director..... A. K. Fisher

(b) Address..... 2707 N. Grand Bly'd

19. (a) SEP 13 1948 (b) J. J. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... now
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2118 a Portis Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept. day..... 11
year..... 1948 hour..... 12 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from..... May 25
..... 1948 to..... Sept. 11 1948
that I last saw him alive on..... Sept. 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cirrhosis of liver
Duration..... indefinite

Due to..... 124

Due to..... 124

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury..... 0

23. Signature..... Robt M. Smith (M. D. or other) M.D.

Address..... 114 N. Taylor Date signed..... 9/11/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Stanley H. Difors

Licensed Embalmer No.....

4193

P. O. Address.....

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.